Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2677AGC	A. BUILDING _____ B. WING _____	12/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS 2 GROUP HOME	10019 PRINCESS CUT ST LAS VEGAS, NV 89123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28381 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on December 15, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. The facility received a survey grade of A. The following deficiencies were identified:	Y 000		
Y 895 SS=F	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was	Y 895		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 895	Continued From page 1 administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/15/2009, the facility failed to ensure the medication administration record (MAR) was accurate for 6 of 6 residents (Resident #2, #3, #4, #5, #6 and #7). Findings include: Based on observation and record review on 12/15/2009 between 2:30 PM and 4:15 PM, the MAR's for 6 of 6 residents were not filled in for December 14, 2009 and the morning medication pass on December 15, 2009 This is a repeat deficiency from the October 16, 2009 survey. Severity: 2 Scope: 3	Y 895		
Y 908 SS=E	449.2746(2)(a)-(f) PRN Medication Record	Y 908		

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Y 908	Continued From page 2 NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/15/2009, the facility did not ensure the medication record was complete for 2 of 6 residents receiving as needed (PRN) medications (Resident #2 and #3). Findings include; PRN records for Residents #2 and #3, showed the administration of PRN medications but not the results of the PRN medication. This is a repeat deficiency from the October 16, 2009 survey. Severity: 2 Scope: 2	Y 908		